

Fidelity Cablevision, Inc. (Fidelity)

SAC 439048

Oklahoma

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

- 1) See below for Fidelity's Customer Application for Lifeline customers.
- 2) All of Fidelity's Lifeline customers receive unlimited local calling minutes at a rate of \$1.00.
- 3) Fidelity provides toll calling at \$.07 per minute or unlimited long distance at \$15 a month for all calls within the U.S. outside of the local Fidelity calling area. .



OKLAHOMA APPLICATION FOR THE LIFELINE PROGRAM

Consumers meeting certain eligibility criteria are able to participate in the Lifeline program and receive discounted voice telephony service. Lifeline service offers a monthly discount of \$18.00. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria for the Lifeline Program
<input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Medical Assistance (Medicaid) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> Vocational Rehabilitation (including hearing impaired) <input type="checkbox"/> Oklahoma Sales Tax Relief <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Head Start (income qualified customers only) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>

Applicant's Full Name :	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> (If "yes" then must verify address every 90 days.)	
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>			

**This number is assigned to program participants of LIHEAP, Food Stamps and TANF.*

I understand the following obligations and provisions about the Lifeline programs:

- The Lifeline program is a government benefit program and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- I will be de-enrolled from the Lifeline program and my service deactivated if my service fails to be used for a 60-day time period. Using the service includes completion of an outbound call, purchase of additional usage, or answering an incoming call from a party not affiliated with this company.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program.
- I am an eligible resident of Tribal Lands.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Oklahoma Corporation Commission who oversee and administer the Lifeline program.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$16,038	\$21,627	\$27,216	\$32,805	\$38,394	\$43,983	\$49,586	\$55,202	+ \$5,616/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

Type of Documentation reviewed: _____ **Expiration Date** _____

Method Provided: _____

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

FIDELITY COMMUNICATIONS, Attn: Lifeline Department, 811 SW D Ave, Lawton, OK 73501

Telephone: (580)699-2020 • M-F 8:30 a.m. – 5:00 p.m.